

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

569 BROOKWOOD VILLAGE

SUITE 901

Check if different
than previously
reported. (ACC)

BIRMINGHAM

AL

35209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00440743

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Sharff, Richard, L., Jr.

Type or Print Name of Treasurer

Signature of Treasurer

Sharff, Richard, L., Jr.

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		69047.16
(b) Cash on Hand at Beginning of Reporting Period.....	81366.08	
(c) Total Receipts (from Line 19)	14756.89	51175.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96122.97	120222.97
7. Total Disbursements (from Line 31).....	10122.26	34222.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	86000.71	86000.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2016

To:

M M / D D / Y Y Y Y
09 / 30 / 2016

I. Receipts

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10871.60

32664.60

(ii) Unitemized

3866.10

18456.65

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

14737.70

51121.25

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

14737.70

51121.25

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

19.19

54.56

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

14756.89

51175.81

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

14756.89

51175.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	122.26	122.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	122.26	122.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	26500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2500.00	7600.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10122.26	34222.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10122.26	34222.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14737.70	51121.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14737.70	51121.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	122.26	122.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	122.26	122.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aguayo, David, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Belcher, Jacquelin, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5844

Amount of Each Receipt this Period

95.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brust, Mary Beth, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

455.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Vicki, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5852

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chokski, Ajay, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll deduction \$50.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chye, Eleanor, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5857

Amount of Each Receipt this Period

360.00

☐ Memo Item

Payroll deduction \$60.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

774.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Colbert, Joseph, E., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Collins, Kelli, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Courtay, Rena, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5862

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

384.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crump, Carol, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5864

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dixon, Thomas, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donnelly, Alison, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, External Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

320.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dragolovic, Goran, , ,

Mailing Address 2012 E. Glenoaks Blvd

City
Glendale

State
CA

Zip Code
91206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5991

Amount of Each Receipt this Period

570.00

☐ Memo Item

Payroll deduction \$95.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dugan, Ann, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edler, Marie, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
SDR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5873

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

870.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Elia, Viva, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1463.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5876

Amount of Each Receipt this Period

462.00

☐ Memo Item

Payroll deduction \$77.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elliott, Kevin, R., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Senior Director, Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ellison, Christian, D., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2185.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

690.00

☐ Memo Item

Payroll deduction \$115.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1242.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fees, Nicholas, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Assistant Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Festi, David, J, ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5883

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frazier, Brandon, T., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

384.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. George, Margaret, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5888

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Graham, Jennifer, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5890

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grantham, David, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5891

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hamers, Kevin, M., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5892

Amount of Each Receipt this Period

72.00

☐ Memo Item

Payroll deduction \$12.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayek, Andrew, P., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period

1153.80

☐ Memo Item

Payroll deduction \$192.30 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hess, Cory, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ho, Huong, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Klassen, Christopher, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lally, Thomas, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5910

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Langston, Mark, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linder, William, T., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll deduction \$50.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lowder, Lindsay, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

564.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lowther, Kristine, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lozier, Jeffrey, , ,

Mailing Address 17787 Del Paso Drive

City
Poway

State
CA

Zip Code
92064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11AI.5997

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lucey, Michael, , ,

Mailing Address 5715 N Bay Ridge Avenue

City
Whitefish Bay

State
WI

Zip Code
53217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mathis, Brian, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meeks, Dare, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melancon, Willis, P, ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Senior Director, Financial Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

360.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oakford, Richard, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Olson, Bryan, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pace, Louise, M, ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

310.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prince, Phillip, R., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5945

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Raskin, Leslie, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roberts, Cory, P., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5950

Amount of Each Receipt this Period

230.76

☐ Memo Item

Payroll deduction \$38.46 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

440.76

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosen, Andrew, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5951

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rucker, Michael, A., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period

346.14

☐ Memo Item

Payroll deduction \$57.69 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruiz, Kelli, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

621.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sharff, Richard, L., Jr.

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
EVP & Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

576.90

☐ Memo Item

Payroll deduction \$96.15 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shi, Diana, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Financial Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sorg, Susan, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

756.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stack, Jeanette, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stephanie, Carla, F., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Strauss, Jason, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period

480.00

☐ Memo Item

Payroll deduction \$80.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

660.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wachsman, Leslie, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliate

Occupation (for Individual)

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5977

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weaver, Kristi, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5982

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wells, Coy, R., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶

324.00

TOTAL This Period (last page this line number only).....▶

10871.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City
DENVERState
COZip Code
80201Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

BENNET, MICHAEL F, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CO

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				2	5					2	0	1	6

FEC Identification Number

C C00458398**Transaction ID : SB23.6005**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 15293

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

BROWN, SHERROD, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: OH

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				1	9					2	0	1	6

FEC Identification Number

C C00264697**Transaction ID : SB23.6002**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESSMailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190City
COLUMBUSState
OHZip Code
43231Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

TIBERI, PATRICK J., , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: OH

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				2	5					2	0	1	6

FEC Identification Number

C C00347492**Transaction ID : SB23.6008**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRENT JACKSON FOR NORTH CAROLINA SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Mailing Address 2924 ERNEST WILLIAMS ROAD

City
AUTRYVILLEState
NCZip Code
28318Purpose of Disbursement
Contribution to NC State Senate Candidate

011

Candidate Name

JACKSON, BRENT, , ,Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 10

FEC Identification Number

C

Transaction ID : SB29.6013

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

2500.00